

**Washington State Department of Health—Cross Cultural Work Group on Tobacco  
Community Capacity and Readiness Assessment:  
African American Community in King and Pierce Counties**

**1. Selection process and rationale for choosing interviewees**

Ms. Shelley Cooper-Ashford, Executive Director for the Center for MultiCultural Health (CMCH), met with CMCH's Community Health Planner and Health Educators to identify key informants in the African American community. CMCH staff recommended individuals who represented different sectors of the African American community, including churches, civil rights organizations, government bodies and agencies, health care institutions, human service organizations (including youth service organizations), key businesses and schools.

Ms. Cooper-Ashford and Ms. Pam Mitchell, Health Educator, sent introductory letters to all of the individuals who were recommended as key informants and followed up with telephone calls. Given the Washington State Department of Health—Tobacco Prevention and Control Program's (DOH—TPC's) timeline for the key informant interviews and on individuals' availability, they were able to interview ten key informants—seven of the recommended key informants and three, additional key informants who were recommended by interviewees or selected when other key informants were not available.

**2. Interview protocol used**

CMCH talked with each key informant about how to promote tobacco prevention and control in the African American community. Questions focused on community leaders/organizations, climate in the community, and ways to support tobacco prevention and control. *Please refer to Attachment A for the interview protocol.*

**3. Number of individuals and who was interviewed**

As outlined above, CMCH interviewed ten key informants who represented different sectors of the African American community.

**4. Time spent on the process**

Ms. Cooper-Ashford and Ms. Mitchell spent about 45 minutes to one hour conducting each of the key informant interviews, in addition to the time that they spent contacting and scheduling appointments with the key informants. In addition, Ms. Cooper-Ashford and Ms. Mitchell met to talk about key themes in each of the interviews.

**5. Method of recording results**

Ms. Cooper-Ashford and Ms. Mitchell took notes on and audiotaped each interview. CMCH also had each tape transcribed to facilitate analysis of the interview data.

**6. Commentary on the process**

Ms. Cooper-Ashford and Ms. Mitchell enjoyed conducting the key informant interviews and greatly appreciated the opportunity to interview key informants who are strongly committed to promoting health in the African American community. CMCH hopes DOH—TPC will honor the interviewees' contributions to the process by using the interview data to inform its decisions about how to effectively reach out to African Americans with tobacco

prevention and control messages and by providing feedback about how DOH—TPC plans to use the interview data.

## **7. Other comments about the report**

CMCH has incorporated information from the “Background Report on the African American Community” (hereinafter referred to as the “background report”) that it produced for the Washington State Health Care Authority (HCA) in June 1996. CMCH used a three-tier approach to identify and document information for the background report. *The three tiers were:*

- *Literature review*—a review of the last ten years of literature in the MEDLINE 1985-1989 and 1990-; Nursing and Allied Health 1982-; PsychInfo 1967- and Anthropological Literature 1984- databases. CMCH incorporated information into the background report from 52 of the articles that were reviewed. In addition, CMCH reviewed other studies that were conducted for the HCA by Endresen Research and by Cindy Madden, Allen Cheadle, Paula Diehr, Diane Martin, Donald Patrick and Susan Skillman at the University of Washington.
- *Key informant interviews*—face-to-face/telephone interviews with 15 health and human service providers and other leaders in the African American community.
- *Input from CMCH staff*—input from CMCH staff who work with the African American community.

As with all reports, the background report had limitations. In addition, CMCH produced the report in June 1996. However, CMCH has incorporated information from the background report into this report on the key informant interviews (see “Supporting information from the background report” sections) for two reasons. First, CMCH believes that the information in the background report still offers insight into the African American community. Second, CMCH believes that the information in the background report offers DOH-TPC with a body of information that may be used to inform its tobacco prevention and control efforts in the African American community.

## **8. Geographic distribution of the African American community in King and Pierce counties**

Based on data from *Census 2000*, there are nearly 5.9 million individuals who live in the State of Washington, and 238,398 (4%) are Black/African American (includes those of two or more races) (U.S. Bureau of the Census, 2000). However, as outlined in the Washington State Department of Health’s *Health Data Report on People of Color* (1992), “African Americans are overrepresented in nearly all problem areas that affect health and well-being....Major concerns about African American health relate to disparities in health care and in the responsiveness of the system to meet African American needs....”

Of the more than 1.7 million individuals who live in King County, 113,077 (6.5%) are Black/African American (including those of two or more races). Nearly 75 percent of African Americans live in King (93,875) and Pierce (48,730) counties. In King County, the majority of African Americans (58%) live in Seattle (47,541) and Federal Way (6,609). In Pierce County, the majority of African Americans (59%) live in Tacoma (21,757) and Lakewood (7,132).

## 9. Key findings, results and outcomes

### a. Community leaders/organizations

#### *African American churches*

Nearly all of the interviewees talked about the importance of involving African American churches in tobacco prevention and control efforts.

*Adults—you would have to go to churches and those other organizations that I mentioned.*

*I think if we're going to do anything down here, it's going to come through the churches. And, there's a lot of strong Black churches down here (in Tacoma).*

*At least a couple of the pastors whom I am aware of have a very intensive ministry to young people. I think that they would be...really good influences to get engaged in something like this.*

#### *Supporting information from the background report*

Based on the one-on-one interviews with health and human service providers and other community leaders, it appeared that African American churches, religion and clergy are very important in the lives of many African Americans and, at a broad level, are very important in making health care choices. A number of interviewees commented that ministers/pastors play an important role in persuading their congregations to seek assistance with and care for health-related issues.

The literature on the role of African American churches, religion and clergy in making health care choices was very limited. However, the existing literature clearly highlighted the importance of these three elements in the African American community and, therefore, appeared to support the interviewees' perceptions that African American churches, religion and clergy are very important in making health care choices.

As summarized by Brown and Gary, "For the most part, the distinctiveness of religious involvement among African Americans is manifested in the form of the black church. As enduring, uniquely African-American institutions, black churches have played a major role in the development and survival of African-American communities." (Brown and Gary, 1994) Traditionally, African American churches have served as the spiritual, as well as social and political, "heart" of the African American community.

In addition to issues of spirituality, one of the reasons that African American churches serve as the heart of the African American community may be that the community feels ownership of the churches. As Walls and Zarit summarized, "A number of researchers attribute the importance of black churches to their being the only institution that has been and continues to be owned, financed, and controlled by black people." (Walls and Zarit, 1991). Walls and Zarit are supported by Rogers-Dulan and Blacher who stated, "The significance of the church in the African American culture may be attributed in part to its position as one of the few institutions built, financed and controlled by African Americans." (Rogers-Dulan and Blacher, 1995)

Because of the vision that many African Americans share regarding the link between health and religion/spirituality, African American churches and clergy have important roles to play in the health care choices made by African Americans (Allen-Meares and Burman, 1995; Lowe et al, 1995; Mays, 1986; Russell and Jewell, 1992). As Russell and Jewell stated, “The church can be used as a mechanism for increasing health-care utilization. The social networks within the church have a positive impact on health promotion, early detection of disease, and health maintenance.” (Russell and Jewell, 1992) Moreover, Lowe et al commented, “African-American churches have had a strong history of addressing not only the spiritual needs of members, but also their social-health needs....it is important to recognize the contribution that clergy, serving as significant community leaders, can make to program planning, identification of participants, and implementation of interventions.” (Lowe et al, 1995)

### ***Community-based groups and organizations***

In addition to African American churches, the interviewees mentioned that community-based groups and organizations—including CMCH, NAACP, the Urban League and youth service organizations—and events like community festivals are important to promoting tobacco prevention and control in the African American community.

*I would identify probably all of the African American professional health organizations...African American Health Coalition (of Washington), Dr. Thompson's group (Washington Association of Black Professionals in Health Care), Mary Mahoney (Professional Nurses Organization).... medical as well as community-based organizations, those that have a youth focus.*

*In our community, not only the NAACP, but I think the Urban League, CAMP (Central Area Motivation Program), the Atlantic Street Center, the Carolyn Downs (Family) Medical Center and the Black clergy.*

*Every year, I ask the question, “Where do all these Black people come from...at these Black festivals?” I mean, they've got wall-to-wall us.*

### **b. Climate in the community**

#### ***Lack of awareness/understanding of the health effects of tobacco use and the addictive nature of tobacco***

All of the interviewees talked about the challenges of promoting tobacco prevention and control in the African American community.

*I think they hear stats, they hear information, they hear research, but it's kind of... “What does that mean to me?” “What does that mean to my family and community?”*

*Pockets of the community do, but I don't think the community as a whole understands the impact that it (tobacco abuse) has....I don't think that the...community as a whole has been made aware of the issue....The information is out there, but going out and finding it and seeking it, you know, I don't think that that has happened.*

*There will clearly be some people who are supportive of it (tobacco prevention and control), but I don't necessarily get the feeling that you're going to have any sort of a ground swell of people coming out and saying, "Yes, this is what we need to do something about."*

One of the interviewees' greatest concerns was that African Americans may not be aware of, fully understand—or be willing to admit to—the addictive nature of tobacco and health effects of tobacco use.

*It's an addiction, and they don't want to admit they have an addiction, so they have told themselves they enjoy it.*

*We (Communities of color) are really not into this whole healthy lifestyle thing....number one, two and three cause of death are all things that could be...changed if we stopped smoking, drinking, using drugs...eating all these fatty foods...but that's talking about serious life changes that a lot of us aren't quite ready to make.*

*Black people might have the feeling, "Look, we've got so much misery in our lives, this is my comfort." ....Sort of a fatalistic, you know, "We're not going to live that long anyhow."*

*Supporting information from the background report*

Based on the one-on-one interviews with health and human service providers and other community leaders, there were mixed perceptions about the priority of health in the African American community. A number of interviewees commented that health is a priority in the African American community, and several interviewees commented that health is a particular priority for African Americans who are married or have children. However, a number of interviewees also commented that daily life struggles take precedence over health. The interviewees' perception is supported by Tuggle's statement, "There must be an understanding that in the African American community, going to the doctor is not a priority. When a person spends 70% of his or her income on rent, going to the doctor is not always a priority." (Tuggle, 1995) Moreover, two

interviewees commented that health is a concern, but not a priority, in the African American community, and one interviewee commented that health is not a priority even among "educated African Americans." Several interviewees also commented that African Americans believe that it is only necessary to visit health providers in times of crisis, rather than for preventive services.

One explanation for the low prioritization of health is that African Americans tend to be fatalistic (Anderson, 1995; Neff and Hoppe, 1993). As suggested by Lowe et al, "The implications of fatalism for health behavior among African-Americans are profound....a fatalistic, pessimistic, and therefore helpless attitude about one's health status [is linked] to a lowered likelihood of engaging in health promotion activities." (Lowe et al, 1995)

### **Competing priorities**

A number of the interviewees commented that there are issues that are of greater and more immediate concern to African Americans than tobacco prevention and control.

*I just think that, when it comes to the African American community, there's so many things that rise to a higher and more immediate level...this is not among the highest priorities for most of us.*

*Smoking is way down there (on the list of priorities)...and, right now, "I've got to get a job." or "The job I have is not paying enough to put food on my table. So I'm stressing with this and you're going to tell me I need to stop smoking?"*

### **Personal commitment to stop using tobacco**

However, most of the interviewees believed that African Americans want to stop using tobacco.

*I think a lot of them want to stop, but they don't have the willpower because of the addiction.*

*They do...because, obviously, the health benefits, but because they want to be around for their families....I think that's...a big part of them wanting to quit, but...the addiction is so strong that they're not able to overcome that.*

*I would say that some two-thirds want to stop....They know perfectly well it's bad for their health.*

### **Community support/infrastructure for supporting tobacco prevention and control**

In general, the interviewees thought that the African American community would support tobacco prevention and control efforts.

*I think there is a strong willingness. I've seen community members understand that there's a need to reverse this process and that they're willing to do what is necessary, given resources and leadership.*

*I think that it would be really welcomed, particularly in the faith-based communities. Because, I see it as addiction and...part of their mission is they feel like they have to break those bonds that people have.*

*Clearly, they would support it in terms of pregnant women smoking and children.*

Three of the interviewees noted that, in order for initiatives to be successful in the African American community, building on established relationships/taking the time to develop relationships and sustainability are critical.

*What I've learned is that the community will support anything that's sound, that's presented by some of us*

*It's going to take time (to build trust)...so whatever program you put in place, it has to be understood there's longevity.*

*(We need) efforts that say that... “You’re being tobacco-free is important to us on a continual basis.”*

A number of the interviewees identified the local health department as one of the few organizations that is part of the infrastructure for supporting tobacco prevention and control in the community.

*Primarily through the (Tacoma-Pierce County) Health Department. They have the Quit Line....There’s a Patch Plus program, actually, where...the Health Department gives free patches.*

*The Public Health Department, because they, in turn, work together with our school nurse as well as the teen health center.*

However, interviewees often were not personally aware—or were uncertain if other African Americans were aware of—resources such as free nicotine replacement therapy and telephone support that are available in the community.

*I guess, if I were asked, I would send somebody to one of the public health clinics, but I actually don’t know if that’s (tobacco cessation) a service they provide. But, I’m assuming that it is.*

*I’m not necessarily familiar with the concept, so can you tell me more about what happens when you call a “quit line”?*

*I don’t think the Black community is as (aware of the efforts and resources for tobacco cessation and prevention) as, say, others are.*

*Hopefully (our community would be willing to use nicotine replacement therapy)....But, the first thing is, how you going to get them someplace to let them know it’s available at low cost or no cost to them?*

Two of the interviewees identified the American Cancer Society as part of the infrastructure for supporting tobacco prevention and control in the community.

*I don’t know of any (places to go for tobacco prevention or cessation assistance) other than the Cancer Society.*

*I think a lot would come...to the American Cancer Society, and then we can point them to those other programs.*

### **Industry tactics**

Most of the interviewees talked about the role that the tobacco industry plays in promoting tobacco use among African Americans. They commented that tobacco companies often support African American organizations and events that are frequented by African Americans.

*In fact, they not long ago came out with a cigarette that was just designed for African Americans....Yes, they target African Americans....A lot of the commercials that you hear dealing with cigarettes and other tobacco products have Black music in the background. They use Black artists’ music...to get them to listen.*

*The message has to be that some of this disproportionality around tobacco in our community is insidious, targeted advertising and that we are being duped....people are taking images of us and using...some of the images that might resonate with us...in ways that harm us.*

*The cigarette companies have a strategy of befriending Black organizations. If you want to get funding for anything, you can get it quicker through the cigarette companies than you can through the drug companies.*

*In the past, Philip Morris was a supporter of the Urban League....the challenge was it was a huge funding resource that I think it was only until recently where African Americans started to look at diversifying other ways of funding and communicating.*

In addition, they noted that there are a lot of tobacco advertisements in African American community newspapers and in convenience stores and other businesses that are not owned by African Americans, but are located in neighborhoods that are predominantly African American.

*African Americans and menthol cigarettes and corner stores...so I think it's a combination of the tobacco companies and those businesses that...prey on the Black dollars.*

*I think there's clearly a lot of targeting that happens in the community stores, and I think it's gotten better now....But, you still see a fair share of these, particularly...these convenience stores that sometimes are not necessarily owned by African Americans. However, they are located in the African American community.*

Two of the interviewees also talked about the role that the government plays in promoting tobacco use.

*The federal government, if they were really sincere about getting people to quit smoking, they would provide (nicotine replacement therapy). But, again, the federal government will be biting the hand that feeds them. They put out these ads about smoking and then they subsidize.*

*As a matter of fact, the government subsidizes tobacco companies....they're one of the most powerful lobbies in Congress.*

One of the interviewees even commented that the government directly promotes tobacco use among military personnel.

*I think the military...has got to do a lot more. They owe it to the country, because, early on, cigarettes were pushed on...troops....And, cigarettes were given to them free, at a discount. They had them at the commissary. They had them in the Veteran's Hospitals cheaper.*

**c. Ways to support tobacco prevention and control**

***Increasing awareness and understanding about the health effects of tobacco use and the addictive nature of tobacco***

All of the interviewees stated that it is important to increase awareness and understanding in the African American community about the health effects of tobacco use and the addictive nature of tobacco. However, as outlined earlier, a number of the interviewees were uncertain if African Americans were aware of resources that are available in the community.

*It's (tobacco use) something that's really not talked about in the community....but, I think that...once they hear it over time and start buying into it...it becomes part of their...spiritual warfare in their spiritual life.*

*I don't think there's been that kind of outreach to our community to say, "This is something important, and the community can benefit from it."*

*I think there's still not enough knowledge in our community...about how truly addictive nicotine really is, and that's part of the message.*

Many of the interviewees stated that it is important to provide culturally competent tobacco prevention and control messages.

*I think it's always important to let people know the consequences (of tobacco use)—and consequences in an ethnocentric perspective.*

*It's like any kind of drug treatment. If people want to go into treatment...there has to be an easy, accessible and culturally appropriate entry point to make a difference. I'm not sure we've got that yet.*

*They would have to have some people that look like the people they're trying to talk to (at booths at our community festivals).*

***Supporting information from the background report***

It is difficult to talk about the need for culturally competent public health messages in the African American community without addressing the Tuskegee study. In 1932, the Tuskegee Institute and U.S. Public Health Service recruited approximately 400 African American men in Macon County, Alabama who had syphilis to participate in the Tuskegee study. The men participated in the study without giving "informed consent." Although the men were promised treatment and proper burial, the purpose of the study was to document the course of untreated syphilis. Even after penicillin was determined to be an effective and safe treatment for syphilis in the 1940s—and through the end of the study in 1972—the men were not offered penicillin treatment. Researchers documented the progression of the disease until the men died, conducted autopsies and compared the subjects' medical condition to the condition of healthy African American men who participated in a control group.

Jones commented, “No scientific experiment inflicted more damage on the collective psyche of black Americans than the Tuskegee study....Confronted with the experiment’s moral bankruptcy, many blacks lost faith in the government and no longer believed health officials who spoke on matters of public concern.” (Jones, 1992)

Unfortunately, the Tuskegee study is not an isolated incident in U.S. history. There are documented cases throughout U.S. history of health professionals abusing African Americans, and, as Pittman et al stated, “Persistent inequality, painful memories of medical abuses, and the consequent anger, mistrust, suspicion, and despair felt by many African-Americans have contributed to the conspiracy theories that hamper HIV education efforts in African-American communities.” (Pittman et al, 1992)

Anderson commented, “For many African Americans....There is of course the anxiety and anger...about conflicting information and confusion about health and science findings, but there is also suspicion. Suspicion about experimentation. Suspicion about intent. And suspicion, of course, reduces trust.” (Anderson, 1995) In addition, testifying before the National Commission on AIDS in December 1990, Dr. Mark Smith, a physician from the School of Medicine of Johns Hopkins University in Baltimore, declared that many Afro-Americans felt ‘alienated from the health care system and the government....’ (Jones, 1992)

### **Targeting youth**

In addition, all of the interviewees thought that it was particularly important to target youth with tobacco prevention and control efforts.

*I think the persons that we should be trying to reach are our young people and prevent them from starting. I think it will be easier to prevent people from starting than, once they get hooked, to get off.*

*We’re still not doing enough at an early age around educating young people about the hazards (of tobacco use)....There are just now these kind of public awareness campaigns that I think are effective messages for young people, but we still need to do a better job.*

Several of the interviewees noted the importance of starting young when targeting youth with tobacco prevention and control efforts.

*They need to start the kids young, elementary level....And, they need to hit every level as they go, so, by the time they get into the high school, and then start bringing in the family.*

*Around the middle school age, it (tobacco prevention) needs to be a big focus....it wouldn’t hurt even starting with the first graders, but...around fourth, fifth, sixth grade really needs to be where the big push is.*

The interviewees expressed hope that African American youth will avoid—and inspire their peers to avoid—initiating tobacco use. A number of the interviewees suggested that youth might respond best to “in your face” tobacco prevention messages.

*If they were to talk to a live person, like the “Scared Straight” program, somebody that looked like them, not somebody they’re going to go, “Oh, that’s not me.” ....Somebody that was in their face, and then they make the decision. But it has to be...ongoing throughout the whole time in high school.*

In addition, two of the interviewees stated that ads targeting African American youth need to include rappers and other people with whom they identify.

*I think the way...we’re going to reach our young people is not through any of those organizations I just gave you. We’ve got to reach them where they are and try to get some of the rappers that they listen to to come out with a message about smoking.*

*It needs to be people that they identify with. So, if you could get....J. Lo (Jennifer Lopez) and Puffy (Sean “Puffy” Combs) and Snoop (Doggy Dogg) and Dr. Dre...letting kids know that...they don’t think smoking is cool.*

### ***Involving African American churches***

As outlined earlier, nearly all of the interviewees talked about the importance of involving African American churches in tobacco prevention and control.

*The church is the best infrastructure. It is the only group in the community that meets one to three times a week in large numbers under strong, serious leadership.*

*You have to have that information available at all levels...in our churches, in our community-based organizations.*

*I think primarily the churches (need to be involved in a tobacco cessation effort to effect change around this problem)....The Tacoma Ministerial Alliance has the pastors of about...10 to 17 of the churches.*

*A lot of kids do still go to church, so that would be an important place to be involved as well.*

A number of the interviewees also talked about the importance of incorporating spirituality in tobacco prevention and control messages.

*I think if we...tie the message in with spirituality...it makes it easier for them to get on board.*

*The preachers have got to adjust, have got to address human frailty....with, at the same time, respecting privacy.*

However, one of the interviewees noted that churches need assistance to effectively address tobacco prevention and control issues.

*For one reason or another, the church is either not sure how or unable to...address these issues and really get that information out....generally speaking, we don’t attempt to tackle those issues.*

### *Promoting the importance of avoiding/quitting tobacco use for their families*

In addition, the interviewees suggested that African Americans might respond to messages that promote the importance of avoiding/quitting tobacco use to stay healthy for their families.

*They want to be around for their families....I think that's...a big part of them wanting to quit....if you can tie it in to family and healthy families, I think that would be...the greatest thing.*

#### *Supporting information from the background report*

Based on the one-on-one interviews with health and human service providers and other community leaders, it appears that the family—and, to some extent, elders and extended family—plays an important role in making health care choices. However, although the family plays an important role, the family's influence may be positive or negative. For example, family often provides advice and support. Yet, family may also have a direct or indirect, negative influence on decisions to have annual health examinations, seek care for health conditions/problems, etc. For example, one interviewee commented that if a father did not go to the doctor, the son will not go. Several interviewees also commented that elders' influence may be negative, because the elders may perpetuate myths and stereotypes about health care providers and traditional American medicine.

The interviewees' perceptions were strongly supported by the literature. Although the literature on the role of family in making health care choices is very limited, the existing literature clearly highlights the importance of the family in the African American community and, therefore, appeared to support the interviewees' perceptions that family is very important in making health care choices.

All of the articles that were reviewed stressed the importance of family in the African American community. As Dula observed, the African American family "has traditionally been the strongest African American institution....The African American family includes nuclear, extended, and augmented family forms. Strong kinship bonds

in which relatives and friends support and reinforce one another are based on African heritage and the slavery experience." (Dula, 1994) Moreover, in an article by Reeb et al, the authors reference the following passage from C.B. Stack's book *All Our Kin*:

*Strategies for Survival in the Black Community*: "The family for urban blacks is an organized, durable network of kin and non-kin...providing for the domestic needs of children and assuring their survival." (Reeb et al, 1986) In a limited number of articles, the continuing strength of the African American family was questioned. For example, Allen-Meares and Burman stated, "The family is one of the strongest and most important traditions in the black community....But through the years, the forces of racial practices, policies, and attitudes weakened the family fabric." (Allen-Meares and Burman, 1995)

The African American family is not limited to relatives, e.g. partner/spouse, children, parents, grandparents, aunts, uncles, etc. Therefore, "kin" or social support networks that are comprised of relatives, friends and neighbors may offer better characterizations of the African American family. As Daly et al observed, "Family is conceptualized

beyond the nuclear family and may encompass distant relatives and ‘fictive kin,’ or members who are not blood relatives. Family values among African Americans include a strong sense of responsibility for each other, respect for elders, sharing material needs, and caring for each other.” (Daly et al, 1995) In addition, Daly et al observed, “Extended kin and kinship networks have historically managed to buttress psychological isolation and poverty and have been recognized as an alternative means of service provision. If services are not available or accessible, the importance of the family and community networks becomes even more salient.” (Daly et al, 1995) Furthermore, in a study of African American elderly living in inner-city Cleveland, Petchers and Milligan found that “the social networks available to this sample of poor, urban black elderly are extensive, broadly-based and variegated. Networks, comprised of family, neighbors and friends, were characterized by close proximity; frequent contact with family and friends was the norm.” (Petchers and Milligan, 1987)

For African Americans, one of the primary functions of the family is to provide care and support in times of need. As Clavon observed, there is a trend among minority, including African American, families to care for their own. (Clavon, 1986). Moreover, as Russell and Jewell reported, “In times of crisis and stress, African Americans are more likely to rely on the family network, both nuclear and extended, than on outside traditional health and human service community agencies.” (Russell and Jewell, 1992)

### *Involving community-based groups and organizations*

Along with their comments that community-based groups and organizations are important to promoting tobacco prevention and control in the African American community (see section 9-a), a number of the interviewees talked about the importance of involving these groups and organizations in tobacco prevention and control.

*Primarily the pastors (have to be involved in tobacco prevention and control)....maybe some of the health care organizations....The Urban League would be a strong one.....some of the (African American) fraternities and sororities would be great, too.*

*Whether we look at the Odessa Browns or the Carolyn Downs/Country Doctors, or whether we’re looking a (Center for) MultiCultural Health or Urban League (of Metropolitan Seattle)...to me, I think there clearly is this infrastructure.*

Three of the interviewees highlighted barber and beauty shops as excellent outreach and education venues for African Americans because of the informal information sharing that occurs between barbers/beauticians and their customers.

*I think the beauticians and barbers are very important, because a great deal of debate occurs in those places...and they’re like the high parks of our community.*

*(Tobacco prevention messages) should be delivered in many different places in the community....from the barbershops, the beauty parlors.*

### *Using media to promote tobacco prevention and control*

The interviewees identified radio and newspapers that target the African American community as good media for reaching African Americans.

*For our community, it would have to be radio.*

*I think television and radio would be the primary forces, particularly with KZIZ and KYIZ, the gospel station and soul station.*

Two of the interviewees also identified billboards and bus backs/sides as good media for reaching African Americans.

*For our community...I'd do bus ads, the billboards and radio.*

*(Tobacco prevention messages) should probably then resonate with some broader thematic messages that we could get out in some kind of advertising and billboards.*

However, many of the interviewees said that they have not seen/heard DOH-TPC's tobacco prevention and control advertisements.

*The only ones that I'm aware of is what's supposed to happen from the tobacco money, you know, tobacco ads. I haven't seen any of them.*

*I haven't seen any strong messages other than...the body bag commercial dealing with tobacco.*

### *Using personal approaches*

A number of the interviewees also stressed the importance of using personal approaches when reaching out to African Americans.

*A lot of times, if you show concern and interest in people, you get to them....I think one-on-one is something that would be real good.*

*If we take it to more of a community personal level, then, again, I think you'll get great willingness, and I think you'll see a great impact.*

### *Investing resources*

In addition, the interviewees emphasized the importance of investing resources (e.g. offering low-/no-cost nicotine replacement therapy and tobacco cessation counseling, producing counter-advertisements and stopping tobacco sales to minors) to promote tobacco prevention and control in the African American community. The interviewees also commented that, although it is important to involve a wide range of groups and organizations in tobacco prevention and control, these groups/organizations cannot be expected to do the work without sufficient resources.

*It's a combination of having ways of dealing with the nicotine addiction, the cost of that, as well as continuing to have these ongoing public awareness campaigns that have messages that African Americans want to hear.*

*We have to build on...a variety of community-based organizations that are out there working effectively....but these organizations have to be supported with proper funding.*

*I don't know that an agency such as mine would...necessarily be able to allocate staff to it (tobacco prevention and control), but, if it were something that we could fold into the work that we're already doing...we could be supportive of that.*

*I think it's (the school district's attitude about supporting tobacco prevention and control) genuine...because...you're talking about health. But, I think when money is coming down the pike, I don't think that a lot of them are channeled down....health...is not a priority for the monies.*

Many of the interviewees said that the financial cost of nicotine replacement therapy is a barrier for African Americans who are interested in tobacco cessation and suggested that low-/no-cost nicotine replacement therapy should be more widely available.

*(They would say)...it's too expensive. I can't afford it. What good is it.*

*Patches are very expensive, so, therefore, people on a very fixed and limited income can't afford that kind of intervention.*

Two of the interviewees questioned the value of the Quit Line for African Americans.

*I haven't seen much that I would say is tailored to our community, and, so, I...would wonder how effective it (the Quit Line) is....I would encourage the State to be looking at some ethnic-specific data...to see if...the penetration rate in our community is what one would hope it would be.*

*Culturally, it (the Quit Line) doesn't sound like something at least that most African Americans would necessary do.*

### **Promoting media literacy**

Along with their comments about the role that the tobacco industry plays in promoting tobacco use among African Americans (see section 9-b), a number of interviewees talked about the importance of media literacy.

*I would tell them about what the cigarette companies were doing—targeting community—and you're allowing them to do that to you.*

*Even though there is the anti-advertisements...there's still a sense of belonging, a sense of being cool....probably there is a genuine desire (among youth to quit using tobacco), but because the actual...effort to really get them to stop is not there, I just think it's a half-ass effort.*

### **d. Lessons learned and next steps**

Through the key informant interviews, CMCH confirmed many of its beliefs about community readiness, community infrastructure and community understanding of the problem. In CMCH's experience, African Americans are aware that tobacco use—like

cancer, cardiovascular disease and diabetes—is a serious issue in the community. However, there are a number of barriers to effectively promoting tobacco prevention and control, including lack of awareness about the addictive nature of tobacco and health effects of tobacco use and a lack of culturally appropriate tobacco prevention and control efforts in the African American community.

In addition, all of the interviewees talked about the wide range of groups and organizations in the African American community that could support tobacco and control efforts. However, the interviewees also commented that these groups/organizations cannot be expected to do the work without sufficient resources.

CMCH appreciated the opportunity to work with DOH—TPC on these key informant interviews. As outlined earlier, CMCH hopes that DOH—TPC will honor the interviewees' contributions to the process by using the interview data to inform its decisions about how to effectively reach out to African Americans with tobacco prevention and control messages and by providing feedback about how DOH—TPC plans to use the interview data.

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## **Interview Protocol**

### **African American Key Informant Interviews** **Assessing Community Readiness**

#### ***Demographic Data***

Age:

Gender:

Occupation:

Smoker:

#### **Leadership (Appointed Officials, Informal Community Leaders, Influential Community Members)**

- 1) Which community leaders or organizations need to be involved in a tobacco cessation effort to effect change around this problem?

#### **Community Climate**

- 1) Do you think that smokers in your community want to stop using tobacco? Why/ Why not?

- 2) Do you think that the tobacco industry is targeting your community? If so how?

- 3) What is your communities' attitude about supporting cessation efforts?
- 4) What current community infrastructure would best serve in the capacity to support cessation efforts?

**Existing Prevention Efforts (activities, programs and policies)**

- 1) What are the current efforts addressing tobacco prevention and cessation in your community?
- 2) Is the community aware of the efforts and resources for tobacco cessation and prevention?
- 3) What are the current media or community wide counter marketing campaigns to reduce tobacco use?

## **Knowledge About the Problem**

- 1) Is the community made aware of the impact that tobacco abuse has on the community?

## **Resources for Prevention Efforts**

- 1) What type of media format would be most effective for prevention efforts (radio, newspaper, TV)
- 2) Where would someone in the community go for tobacco cessation and prevention assistance?
- 3) What is the willingness of the community to support efforts aimed at tobacco cessation (money, time, space and staff)?